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CONFIRMATION NO. 2957

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/643,011	<b>FILING OR 371(c) DATE</b> 08/18/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> PHUS-100	
<b>APPLICANTS</b> Joaquina Faour, Buenos Aires, ARGENTINA; Marcelo A. Ricci, Buenos Aires, ARGENTINA;					
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/725,655 11/29/2000 PAT 6,613,357 which claims benefit of 60/175,878 01/13/2000 <i>JS</i>					
<b>** FOREIGN APPLICATIONS *****</b> NONE <i>JS</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 11/11/2003</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>JS</i> Verified and Acknowledged <i>JS</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> ARGENTINA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 35	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 24039					
<b>TITLE</b> Osmotic device containing pseudoephedrine and an H1 antagonist					
<b>FILING FEE RECEIVED</b> 3026	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		